Key Statistics

National Center for Chronic and Noncommunicable Disease Control and Prevention

Suicide Mortality — China, 2018

TABLE 1. Crude mortality rate, adjusted mortality rate, and age-standardized mortality rate of suicide by gender, area, region, and age per 100,000 population in China, 2018.

Items	Total			Male			Female		
	CMR	AMR	ASMR	CMR	AMR	ASMR	CMR	AMR	ASMR
Total	6.18	7.23	6.36	7.18	8.40	7.61	5.14	6.01	5.10
Area									
Urban	4.22	4.94	4.37	4.85	5.67	5.15	3.57	4.18	3.58
Rural	7.20	8.42	7.40	8.39	9.81	8.91	5.96	6.97	5.89
Region									
Eastern*	5.51	6.44	5.51	6.40	7.49	6.63	4.59	5.36	4.39
Central [†]	7.40	8.65	7.55	8.51	9.95	8.94	6.25	7.31	6.17
Western§	5.56	6.51	6.10	6.60	7.72	7.37	4.49	5.25	4.81

Abbreviation: CMR=Crude Mortality Rate; AMR=Adjusted Mortality Rate; ASMR=Age-standardized Mortality Rate.

TABLE 2. The distribution of suicide methods by gender, area, and region in China, 2018.

Methods	Total	Gender		Area		Region		
wethous	Total	Male	Female	Urban	Rural	Eastern	Central [†]	Western [§]
Poisoning	43.62	40.85	47.61	33.89	46.58	41.50	44.41	45.37
Hanging	37.07	39.49	33.58	36.18	37.34	38.21	37.93	33.83
Drowning	5.01	3.91	6.60	4.89	5.05	5.66	4.84	4.33
Sharp force injury	3.54	4.25	2.52	4.36	3.29	2.51	3.39	5.38
Falls	9.52	10.02	8.80	18.88	6.67	10.71	8.37	9.79
Other methods	1.25	1.47	0.89	1.82	1.08	1.42	1.05	1.30
Total	100	100	100	100	100	100	100	100

Eastern: Beijing, Tianjin, Hebei, Liaoning, Shanghai, Jiangsu, Zhejiang, Fujian, Shandong, Guangdong, Hainan.

In this study, the data of 16,824 individual suicide deaths were collected by the Disease Surveillance Points System (DSPs) and estimated to investigate characteristics of suicide deaths in China in 2018. Detailed descriptions of DSPs have been reported elsewhere (1). These data on suicide deaths were stratified by gender, area type (urban/rural)*, and region (eastern†/central*/western*). The International Classification of Disease, 10th revision (ICD-10) was used to analyze methods of suicide by calculating the proportions of the various methods. ICDs

^{*} Eastern: Beijing, Tianjin, Hebei, Liaoning, Shanghai, Jiangsu, Zhejiang, Fujian, Shandong, Guangdong, Hainan.

[†] Central: Shanxi, Jilin, Heilongjiang, Anhui, Jiangxi, Henan, Hubei, Hunan.

[§] Western: Inner Mongolia, Guangxi, Chongqing, Sichuan, Guizhou, Yunnan, Xizang (Tibet), Shaanxi, Gansu, Qinghai, Ningxia, Xinjiang.

[†] Central: Shanxi, Jilin, Heilongjiang, Anhui, Jiangxi, Henan, Hubei, Hunan.

[§] Western: Inner Mongolia, Guangxi, Chongqing, Sichuan, Guizhou, Yunnan, Xizang (Tibet), Shaanxi, Gansu, Qinghai, Ningxia, Xinjiang.

^{*} There were two previous adjustments to the DSPs in 1990 and 2004 where city districts were defined as urban areas and counties and county-level cities were defined as rural areas. However, rapid development has made these definitions obsolete, and the urbanization index (i.e. the fraction of the population residing in an urban area) was used as the stratifying index (1).

[†] Eastern: Beijing, Tianjin, Hebei, Liaoning, Shanghai, Jiangsu, Zhejiang, Fujian, Shandong, Guangdong, Hainan.

[§] Central: Shanxi, Jilin, Heilongjiang, Anhui, Jiangxi, Henan, Hubei, Hunan.

[🎙] Western: Inner Mongolia, Guangxi, Chongqing, Sichuan, Guizhou, Yunnan, Xizang (Tibet), Shaanxi, Gansu, Qinghai, Ningxia, Xinjiang.

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related to suicide included X60-X84 and Y87. The crude mortality rate (CMR) of suicide was calculated by using the number of suicide deaths and respective population. Considering underreporting, the mortality rate was adjusted through a formula: adjusted mortality rate (AMR)=crude morality rate/(1-underreporting rate); the overall underreporting rate of injury (14.5%) was based on propensity score weighting established in a previous study (2). The Sixth National Population Census in 2010 was used for age-standardized mortality rate (ASMR) estimation (3).

Source: China Disease Surveillance Points System (DSPs).

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